

**Immediate Services Program  
Crisis Counseling Assistance and Training Program**

**Application**

**FEMA        - DR-CA**

(Place cursor on gray box and begin typing)

**County Mental Health Disaster Coordinator.** The following will be the primary contact person for coordinating the mental health response to this disaster. This person will also be the county coordinator for the application process for Federal funds to provide disaster-related mental health services.

Contact person:

Title:

Agency:

Address:

Phone:

Fax:

E-mail address:

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***Signature, Director, County Mental Health***

Name:

Phone number:

Fax:

E-mail address:

## Part I: Geographic Areas and Initial Needs Assessment

**A. Geographic Areas and Estimated Need.** In the table provided below, list the areas within the Presidentially declared disaster area for which services will be provided and the number of people to be served in each area. List the geographic areas (areas within the county) to be served in the left-hand column. All areas on the list must be within the disaster area declared by the President to be eligible for individual assistance. The service areas designated below will form the basis of the program plan and budget and therefore should be consistent throughout the application. In the right hand column, list the estimated number of people to be served in each area based on the CMHS Damage Assessment Formula, which is provided on the next page. For additional information on completing this section, see page 3 of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Designated Areas Identified for Services	Estimated Number to be Served
<b>TOTAL</b>	

**Attach a map of the county that identifies the geographic area(s) to be served.**

**B. Needs Assessment Formula.** Using the CMHS Needs Assessment Formula (located below) estimate the number of persons you will serve in each loss category (second column of the following table). See the supplemental instructions (pages 3-6) for additional information on completing the CMHS Needs Assessment Formula.

**CMHS Needs Assessment Formula**  
**Estimated Disaster Mental Health Needs Disaster**  
**FEMA -DR-CA**

This is an estimate for the following disaster area:

Date of Report:

Completed by:

Loss Categories	Number of Persons	ANH	Range Estimated	Total
Type of Loss	Number	Multiply by ANH <sup>1</sup>	At-Risk Multiplier	Number of persons targeted per loss category
Dead			100%	
Hospitalized			35%	
Non-hospitalized Injured			15%	
Homes destroyed			100%	
Homes "Major Damage"			35%	
Homes "Minor Damage"			15%	
Disaster Unemployed			15%	
(Others--Specify)				
<b>Total estimated persons in need of crisis Counseling services (add total column)</b>				

Revised June, 2000

<sup>1</sup> ANH means **A**verage **N**umber of persons per **H**ousehold. This figure can be obtained on a county/parish/area basis from the Census Bureau. If unable to determine the ANH for an area, then use the average figure of 2.5.

**C. Description of Crisis Counseling Needs and Special Circumstances.**

Provide a narrative description of crisis counseling needs within the impacted area in addition to the table below with estimates of special populations to be served. Describe any special circumstances not captured in the CMHS Needs Assessment Formula that will impact the need for crisis counseling services. For each identified service area, identify any high-risk groups or populations of special concerns identified through the county's initial needs assessment process (e.g. children, adolescents, older adults, ethnic and cultural groups, lower income populations). For additional tips on completing this section, see supplemental instructions, pages 5 - 6.

[Insert Text Following Table]

<b>Vulnerable Populations within Disaster Area</b>	<b>Estimated Number to be Served</b>
Children	
Elderly	
Victims of crime (terrorist event only)	
Low income	
Native Americans	
Ethnic communities	
Homeless	
War veterans and refugees	
Non-English speaking	
Disaster responders/workers	
Seasonal/migrant workers	
Seriously mentally ill/seriously emotionally disturbed	
Medically fragile	
Persons with substance abuse history	
Persons with disabilities	
Potential unemployed	
Other (identify)	
<b>Total</b>	

## Part II. Local Resources and Capabilities

Briefly describe the local mental health system. Explain why this resource cannot meet the disaster related mental health needs. For additional information on completing this section see page 7 of the supplemental instructions.

[Insert Text]

### **Part III. Response Activities from Date of Disaster Incident**

Provide a description of local crisis counseling activities from the date of the incident to the date of application submission. Provide specific number or estimate of disaster victims who have received services up to the date of the application. To the extent possible, activities should be described for each service area listed in Part I of this application. If no activities have been conducted to date, this should be stated as well. Any activities from the date of incident for which the county is requesting financial reimbursement from FEMA must be described in this section. For additional information on completing this section, see page 8 of the supplemental instructions.

[Insert Text]

## Part IV. Plan of Services

**A. Service Providers.** In the table provided below, provide a list of the service providers included in this project. In the left-hand column, provide the name of the service provider along with the address and contact information for the agency. In the center column, list the service area(s) to be covered by the service provider. Service areas should correspond to areas listed in Part I of the application. In the right-hand column, provide the name of the crisis counseling project manager along with contact information. If the project manager has not been identified, provide the name of the agency director and indicate that the project manager has not yet been identified. For additional information on completing this section, see pages 9 - 10 of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Agency	Service Areas	Crisis Counseling Project Manager
Name Address Phone Fax Director's Name	Cite geographic or organizational designation	Name Address Phone Fax

**B. Staffing Plan.** In the table below, provide a list of staff positions for which the county is requesting funding through the Immediate Services grant. Staff whose services will be provided to the project as an in-kind contribution from the county or the service provider should also be included in this chart with the words “In-kind” in parenthesis next to the position. In-kind positions should be listed below those funded through the grant and should be clearly distinguished in the totals. This information must be provided for the county and for each service provider. In the left-hand column list the name of the service provider. In the second column, list the number of supervisors or team leaders and the percentage of time dedicated to the project. In the third column, list the number of outreach workers and crisis counselors dedicated to the project. List separately if the provider has separate job titles for outreach workers and crisis counselors. In the fourth column, list any fiscal or administrative positions to be funded. In the fifth column, list the total number of full time equivalent (FTE) staff positions to be funded by the project. For additional information, see supplemental instructions on page 10.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Agency	Supervisors/ Team Leaders (No. of Staff)	Outreach Workers/Crisis Counselors (No. of Staff)	Fiscal/ Administrative Staff (No. of Staff)	Total FTE* (No. of Staff)
	FTE	FTE	FTE	FTE



**C. Organizational Structure.** Provide a simple organizational chart by either inserting it below, or by attaching it to this document. Indicate below if an organizational chart is attached.

[Insert text or organizational chart, or indicate that organizational chart is attached.]

**D. Job Descriptions.** In the space below, provide simple job descriptions (one paragraph) for each category of worker included in the project. (See page 11- 12 of the supplemental instructions.) Optional job descriptions for the positions of Project Manager, Assistant Manager, Fiscal/Contracts Coordinator, and Crisis Counselors/Outreach Workers are available in the supplemental instructions and may be inserted here.

[Insert job descriptions here]

**E. Brief Plan of Services.** The types of services typically funded by the FEMA/CMHS Crisis Counseling Assistance and Training Program are outlined in the supplemental instructions (page 16) and in FEMA regulations and policies and in CMHS Program Guidance documents. In the space following, please provide a brief description of services to be provided. This description should include the following information:

- Types of services to be provided (e.g. outreach, crisis counseling, services to groups, public education, information and referral services);
- How staff will be deployed to provide these services;
- Strategies for targeting those needing services, including special population groups identified in the needs assessment;
- Any quality control methods in place to assure appropriate services to disaster survivors; and
- Staff support mechanisms.

For additional instructions on creating a plan of services, see pages 12 - 13 of the supplemental instructions.

[Insert service plan here]

**F. Training.** Immediate Services Program grant funding may be used to support training within established FEMA training policies. Priority is placed on the use of trainers from within the state who have experience with the FEMA/CMHS Crisis Counseling Assistance and Training Program. Using the check-off boxes and narrative spaces below, please provide information on the trainers and proposed training content for the project. For additional instructions on training, see pages 13 - 14 of supplemental instructions.

### 1. Selection of Trainers:

- ☒ California has professionals experienced in the FEMA/CMHS Crisis Counseling Program who can provide training on the crisis counseling model. The names, resumes, and contact information for the trainers are provided with this application:

[Insert trainers' names and contact information.]

### 2. Training Content:

- ☐ The county will be using the training outline provided in the FEMA/CMHS *Training Manual for Mental Health and Human Services Workers in Major Disasters, 2<sup>nd</sup> Edition*. The county will be distributing FEMA/CMHS Program Guidance documents at the training.
- ☐ The county will be using the attached training outline. (Attach the outline at the end of the application.)

### 3. Dates of Training:

Projected dates for training activities are listed below:

[Insert projected dates of training]

## Part V. Budget

The budget must be consistent with the needs assessment and the program plan. A separate budget must be provided for each service provider. There are three sections to the budget:

1. An overall summary of costs for the entire project: county costs and service provider (CBO or contract agency) costs;
2. Individual budgets for each service provider and the county;
3. A narrative justification of costs.

**Note:** Before completing any of the three budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is available at the CMHS website. In addition, CMHS has developed a Budget Estimating and Reporting Tool (BERT) that can assist in developing a budget within FEMA guidelines. This budget tool is available on the CMHS web page at: [www.mentalhealth.org/cmhs/EmergencyServices](http://www.mentalhealth.org/cmhs/EmergencyServices)

Additional information is provided in the supplemental instructions on pages 15 - 17. Budget formats are provided on the following pages.

## Summary of Costs for Entire Project

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*Note: Round to nearest dollar; do not show cents in budget.*

Budget Category	County Budget Total Estimate	Service Provider(s): Total Estimates* <small>*attach a budget per service provider</small>	Total Costs <small>Add county &amp; Service Provider total estimates</small>	In-Kind Contributions <small>Costs <b>contributed</b> to the project</small>
Salaries and Wages				
Fringe Benefits (%)				
<b>Total Personnel Costs</b>				
<b>Consultant Costs</b>				
<b>Office Supplies</b>				
<b>Travel</b>				
<b>Training</b>				
Media/Public Information Costs				
<b>Total Costs</b>				

## **Budget for County**

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**Note: Round to nearest dollar; do not show cents in budget.**

<b>Budget Category</b>	<b>Interim Costs</b> (Costs from the date of incident to the application deadline: 14 days following the declaration)	<b>Projected Costs</b> (Costs from the application deadline to 60 days -- last day of program)	<b>Total Costs</b> (Add interim costs and projected costs)	<b>In-Kind Contributions</b> (Costs <b>contributed</b> to the project)
<b>Dates of Services</b>				
Salaries and Wages				
Fringe Benefits (%)				
<b>Total Personnel Costs</b>				
<b>Consultant Costs</b>				
<b>Office Supplies</b>				
<b>Travel</b>				
<b>Training</b>				
Media/Public Information Costs				
<b>Total Costs</b>				

## **Individual Service Provider Budgets**

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**Name of Service Provider:**

**Note: Round to nearest dollar; do not show cents in budget.**

<b>Budget Category</b>	<b>Interim Costs</b> (Costs from the date of incident to the application deadline: 14 days following the declaration)	<b>Projected Costs</b> (Costs from the application deadline to 60 days or last day of program)	<b>Total Costs</b> (Add interim costs and projected costs)	<b>In-Kind Contributions</b> (Costs <b>contributed</b> to the project)
<b>Dates of Services</b>				
Salaries and Wages				
Fringe Benefits (%)				
<b>Total Personnel Costs</b>				
<b>Consultant Costs</b>				
<b>Supplies</b>				
<b>Travel</b>				
<b>Training</b>				
Media/Public Information Costs				
<b>Total Costs</b>				

\*The county should work with each local service provider to develop budget and fill out this budget form.

## Budget Narrative

A budget narrative is required to document the types of expenditures included in the budget, justify the funding request, and demonstrate fiscal accountability. (See pages 21-22 of the supplemental instruction.) Please provide the following information:

1. How were salary levels and fringe benefits determined? Were they based on comparable positions in the local area? (If not, explain why.)

2. List all consultants, the services they will provide and their compensation.

Name of Consultant	Type of Service	Travel Costs	Compensation Costs

3. List and describe the need for the items identified under office supplies (i.e., cell phones, computers, and beepers, office supplies and maps). The number of items should correspond with the program plan.

4. List and describe the types of expenditures included in the travel category (i.e., mileage/rate, rental cars). Are the expenditures based on county rates for allowable travel costs? If not, explain and provide a justification.



5. List the trainers included in the training category. Attach resumes.

Name of Trainer	Type of Training	Travel Costs	Compensation Costs

6. List and describe the types of expenditures included in the media/public information category.